Time Critical Diagnosis System Task Force
Planning Meeting Three, February 28, 2008
Meeting Highlights

Attendees:

Adam Bruner and Jerry Kirchhoff, Air-Evac; Ken Koch, Ambulance District Association of Missouri; Liz Deken and Bonnie Linhardt, American Heart Association; Dr. Richard Bach and Sondra Solomon, Barnes-Jewish Hospital; Stacey Jett, Boone Hospital Center; Dr. John Russell, Cape County Private Ambulance Service; Mark Alexander and Jim Waring, Cox Health; Dr. Scott Duff, Cox Stroke Center; Dr. Bill Jermyn and Dr. Samar Muzaffar, Department of Health and Senior Services; Linda Dean, Freeman Health System; Marianne Ronan, Kansas City Chronic Disease Coalition; Dr. Barry Robbins, Kirksville College of Osteopathic Medicine; Randy McCullough, Lafayette Regional Health Center; Dr. Kathryn Hedges, Lee's Summit Medical Center; Ruby Mehrer, Life Flight Eagle; Sean Hill, Linn County Ambulance District; John Clemens, Marion County Ambulance District; Dr. George Kichura, Midwest Heart Group; Bryant McNally, Missouri Hospital Association; Johanna Echols, Missouri State Medical Association; Pamela Kelly, Missouri Telehealth Network; Gina Gregg, Research Medical Center; Taz Meyer, St.Charles County Ambulance District; Luann Pfau, Debby Sprandel and David Stagner, St. Francis Medical Center; Jason Lynch, St. John's Mercy Medical Center; Carol Beal, Lisa Hutchison and Edward Spain, St. John's Regional Health Center; Heather Seemann, SSM St. Joseph Hospital of Kirkwood; Debbie Summers, St. Luke's Brain & Stroke Institute; Kathi Harness, St. Luke's Health System; Dr. Salvador Cruz-Flores, St. Louis University; Monroe Yancie, St. Louis Fire Department; Joan Drake, Staff for Life; Linda Brown, Southeast Missouri Hospital; Jeremy Barnes, Southeast Missouri State University; Dr. Dmitri Baklanov and Andrew Spain, University Hospital and Clinics; Richard Cotter, Taney County Ambulance District; Kelly Ferrara and John Combest, The Vandiver Group; Terry Buddemeyer, Washington Area Ambulance District; Paula Adkison, Anita Berwanger, Barry Backer, Karen Connell, Megan Hammann, Belinda Heimericks, Mary Kleffner, Deborah Markenson, Andrew Wankum, and Beverly Smith, Department of Health and Senior Services.

A total of 59 attended the task force meeting in Jefferson City. An overview of outcomes expected for the meeting was given. KOMU-TV, Columbia and Missourinet conducted interviews with Dr. Duff and Dr. Jermyn at the beginning of the meeting regarding the Time Critical Diagnosis (TCD) System Task Force and these have been posted to the 350/365 website.

A map that guides the TCD planning process was distributed and reviewed. This graphic reflects that the invested resources from the Department, Missouri Foundation for Health and The Vandiver Group, combined with the expertise of the TCD Task Force, supports compilation of a TCD system plan for stroke and STEMI in Missouri. This plan will be published in report format by this summer. Statutory authority must be gained to establish regulations to implement parts of the plan. Legislation currently introduced (HB 1790 and SB 1233) would provide the Department with authority to promulgate regulations. If legislation is passed this year and implementation is able to proceed, the map provides details on the outputs and outcomes expected over the next three to four years that would result from the system development and enhancement.

The resources being provided to the task force are currently time-limited. While requests will be made to continue support for implementation, the Department leadership stresses the importance of capitalizing on those supports currently available to complete the plan and promote the importance of the TCD system for care and treatment of stroke and STEMI in Missouri.

The legislation currently under review by the General Assembly was explained as a critical step for implementation of the TCD system to support stroke and STEMI care. For this reason, Dr. Jermyn was pleased to report that the House Health Policy Committee held a hearing on HB 1790, February 26 and unanimously passed the legislation out of committee on February 27. Mark Alexandar provided details on the legislative process and the value for task force member to support the legislation and contact their respective representatives and senators. Information on how to write support letters was requested.

Dr. Muzaffar explained types of legislative oversight that other states have established for their stroke and STEMI systems. Missouri's approach using a common TCD model to support both stroke and STEMI care is unique. If legislation is passed, Missouri would be the first in the country to address these conditions in the same legislation and the first to pass legislation that addresses STEMI care.

Four administrative and oversight questions were presented to the group that require a paradigm shift or a fundamental change in approach or assumptions that members typically use in their day-to-day situations. The individual perspectives that task force members bring to the process, while valuable, result in discussions primarily from an agency's perspective. At this time, a broader system's perspective must be employed to assure that there is appropriate interconnection of the agencies or components that comprise the system. A TCD system requires an administrative infrastructure and appropriate oversight in order to establish, maintain and improve the system. Kelly Ferarra authorized task force members to make reference to a "pair of dimes" when the group was not dealing with the system issues from this broader perspective for this stage of planning.

Dr. Jermyn stated that it is assumed that the Department would maintain the leadership and general oversight of the TCD process. He inquired if tasks force members agreed with that assumption and it was accepted. Task force members were requested to follow-up with the Department if there are any concerns. The four administrative and oversight questions and the working groups recommendations follow:

1. What type of Time Critical Diagnosis System does the task force recommend?

   Response: The TCD System should combine oversight for a coordinated approach between trauma, stroke and STEMI, that supports distinctions needed for trauma, stroke and STEMI care.

2. What type of approach is recommended for managing the system?
   Response: Hospitals volunteer regarding whether it wants to be a designated center. The designation levels and standards required for each will be guided by regulations and the Department would conduct inspections to ensure compliance with the standards outlined in the regulations. Other out-of-hospital and hospital system elements would also be regulated.

3. How should the operational management, oversight of the system, or future system improvements be supported and funded?

   Response: State and federal government funding that builds on existing infrastructure and shares resources between the trauma, stroke and STEMI arms of the TCD system where possible. In addition, other resources and grants should be sought. Cost of site review should be covered by the hospitals, as with trauma centers.

4. How should the ongoing advisory, planning and quality improvement functions be managed for the system or which entity should perform these functions?

   Response: Create independent advisory board or consortium to perform these functions—in a manner that parallels the approach for trauma and depoliticizes it (don't require governor appointments for membership). Recommendations would be reported to the Department.

The group was divided into two groups to compare the hospital and out-of hospital elements for both stroke and STEMI and determine which elements were common, which elements should be replicated (currently on one but should be reflected on both) and which elements are unique to stroke or STEMI. Attachments 1 and 2 reflect the revisions made on the stroke and STEMI systems with notations for those elements that were unique. The vast majority of elements was common or replicated for both systems.

The group then was redivided into their stroke and STEMI working groups to review and finalize elements. The STEMI group discussed several issues that will impact implementation. It was stated that activation of cath labs when STEMI is erroneously diagnosed leads to costs not only for the hospital with the cath lab but also possibly costs to the hospital by-passed. It was believed that field activation could not be mandated in protocol and that at a minimum this decision should be made in consultation with the Emergency Department physicians. While this is happening now with trauma, it is an issue that should be handled on a regional basis and requires outcome and quality improvement feedback.

When designated centers are in place, the decision-makers should review the transport policy and modify ground/air transport protocol. For those working on details for the center designation, the cath lab availability for level one and two centers should be clearly defined. Another current barrier discussed was the recent loss of the ability to fax from the field due to phone companies going digital.

The stroke group discussed the importance of consistent protocols for point of entry that are based on the time frame from symptom onset. The system design should also address the needs of the disparate populations. In this context, those who may be more than 100 miles from a stroke center may be considered disparate as well as those groups who experience poorer outcomes or higher rates of stroke incidence.

A key focus for the first 12 months of implementation would be improving the proportion of those with stroke that get appropriately treated within 3 hours of symptom onset. This requires that 1) the public understand signs and symptoms and seeks care in a timely manner, 2) the system must have a working data collection system to determine if improvement is made in the proportion that obtains appropriate treatment (tPA) for ischemic stroke and 3) hospitals are informed about the use and management of tPA that allows for product replacement when out-of-date. By the second year of implementation the group recommended that the gaps in care be assessed when center designations are in place and that efforts be directed to filling those gaps.

Discussion also focused on empowering the ER physician to treat when a neurologist isn't available. Telemedicine use should be promoted to support stroke care in rural areas where a neurologist is not available.

Task force members selected elements that they would be willing to write-up and present at the next meeting. This exercise requires task force members to complete the items on the worksheet provided. Time will be allowed at the beginning of the next meeting for those that selected similar items to coordinate their presentation. Attachments 3 and 4 provide a listing of elements and assignments.

The next meeting is March 18, 2008 and will be held at the State Public Health Lab since the Governor's Office Building is not available and the group did not want to change dates.